

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-028347
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3964

FILED AUG 14 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

1 month

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION3621 WARWICK BLYD.
MC CARTY NURSING HOMEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

BUCHANAN

c. CITY
OR TOWN

ST. JOSEPH

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

415 KENTUCKY

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

SARAH

Middle

ELLEN

Last

GRACE

4. DATE
OF DEATH

JULY

14

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/22/1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

NEAR ST. JOSEPH, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JESSIE P. ROBERTS

13b. MOTHER'S MAIDEN NAME

ELIZABETH SOLLARS

14. NAME OF HUSBAND OR WIFE

DANIEL B. GRACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

MRS. HAROLD ARMOUR

Address

9 WEST 91 ST TERRACE
KANSAS CITY MISSOURI18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

19 lateral bronchopneumonia 2 weeks?
fractured left femurConditions, if any,
which gave rise to
above cause (e),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Senility

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
s.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atJune 6, 1963 to July 14, 1963
8:20 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D. Dr. J. J. Shuman

22b. ADDRESS

701 E 66th

22c. DATE SIGNED

7/15/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

JULY 15, 1963

23c. NAME OF CEMETERY OR CREMATORY

BETHEL CEMETERY

23d. LOCATION (City, town, or county)

NEAR ST. JOSEPH & DEKALB, MO.

24. FUNERAL DIRECTOR

D.W. NEW COMER'S SONS, KANSAS CITY, MO.

ADDRESS

1331 BRUSH CREEK

25. DATE RECD. BY LOCAL REG.

7-15-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Passman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Erling M. Dunning

Licensed Embalmer No.

3566

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Harold Casman
201 Eastman Bldg - 701 East 63rd Street
10:00 - 4:30 PM
- 9 00
C-22